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PATENT  
Atty. Docket No. BSC-164

10/16/03  
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS: Li *et al.*

SERIAL NUMBER: 09/813,780 GROUP NUMBER: 1615

FILING DATE: March 21, 2001 EXAMINER: Ware, Todd

TITLE: CONTROLLING RESORPTION OF BIORESORBABLE MEDICAL IMPLANT MATERIAL

Mail Stop Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

5 Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE**

10 Sir:

This paper is submitted in response to the Office Action mailed on May 20, 2003 ("the Office Action"). Applicants believe that no fee is due. However, the Commissioner is authorized to charge any required fees to Deposit Account No. 20-0531.

15 Please enter the following amendments and consider the following remarks.

08-20-03

1615



# TRANSMITTAL FORM

Application Serial Number	09/813,780
Filing Date	March 21, 2001
First Named Inventor	Li
Group Art Unit	1615
Examiner Name	Ware, Todd
Attorney Docket No.	BSC-164
Patent No.	Not applicable
Issue Date	Not applicable

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AUG 21 2003

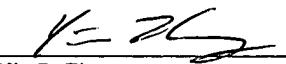
**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <li><input type="checkbox"/> Check Attached</li> <li><input type="checkbox"/> Copy of Fee Transmittal Form</li> </ul>	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <li><input type="checkbox"/> Preliminary</li> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> <li><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]</li> </ul>	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <li><input type="checkbox"/> Form PTO-1449</li> <li><input type="checkbox"/> Copies of IDS Citations</li> </ul>	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <li><input type="checkbox"/> Paper Copy/CD</li> <li><input type="checkbox"/> Computer Readable Copy</li> <li><input type="checkbox"/> Statement verifying identity of above</li> </ul>	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <li><input type="checkbox"/> Certificate of Correction (in duplicate)</li> </ul>	

**CORRESPONDENCE ADDRESS****SIGNATURE BLOCK**

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Respectfully submitted,

  
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